

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO.

10/634134

FILING DATE

APPLICANT(S)

CLAIMS

|                 | AS FILED |        | AFTER 1ST<br>AMENDMENT |        | AFTER 2ND<br>AMENDMENT |        |
|-----------------|----------|--------|------------------------|--------|------------------------|--------|
|                 | B.D.     | D.E.P. | B.D.                   | D.E.P. | B.D.                   | D.E.P. |
| 1               | /        |        |                        |        |                        |        |
| 2               | /        |        |                        |        |                        |        |
| 3               | /        |        |                        |        |                        |        |
| 4               | /        |        |                        |        |                        |        |
| 5               | /        |        |                        |        |                        |        |
| 6               | /        |        |                        |        |                        |        |
| 7               | /        |        |                        |        |                        |        |
| 8               | /        |        |                        |        |                        |        |
| 9               | /        |        |                        |        |                        |        |
| 10              |          |        |                        |        |                        |        |
| 11              |          |        |                        |        |                        |        |
| 12              |          |        |                        |        |                        |        |
| 13              |          |        |                        |        |                        |        |
| 14              |          |        |                        |        |                        |        |
| 15              |          |        |                        |        |                        |        |
| 16              |          |        |                        |        |                        |        |
| 17              |          |        |                        |        |                        |        |
| 18              |          |        |                        |        |                        |        |
| 19              |          |        |                        |        |                        |        |
| 20              |          |        |                        |        |                        |        |
| 21              |          |        |                        |        |                        |        |
| 22              |          |        |                        |        |                        |        |
| 23              |          |        |                        |        |                        |        |
| 24              |          |        |                        |        |                        |        |
| 25              |          |        |                        |        |                        |        |
| 26              |          |        |                        |        |                        |        |
| 27              |          |        |                        |        |                        |        |
| 28              |          |        |                        |        |                        |        |
| 29              |          |        |                        |        |                        |        |
| 30              |          |        |                        |        |                        |        |
| 31              |          |        |                        |        |                        |        |
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| 37              |          |        |                        |        |                        |        |
| 38              |          |        |                        |        |                        |        |
| 39              |          |        |                        |        |                        |        |
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| 44              |          |        |                        |        |                        |        |
| 45              |          |        |                        |        |                        |        |
| 46              |          |        |                        |        |                        |        |
| 47              |          |        |                        |        |                        |        |
| 48              |          |        |                        |        |                        |        |
| 49              |          |        |                        |        |                        |        |
| 50              |          |        |                        |        |                        |        |
| TOTAL D.D.      |          |        |                        |        |                        |        |
| TOTAL<br>D.E.P. |          |        |                        |        |                        |        |
| TOTAL<br>CLAIMS |          |        |                        |        |                        |        |

| CLAIMS          | B.D. | D.E.P. | B.D. | D.E.P. | B.D. | D.E.P. |
|-----------------|------|--------|------|--------|------|--------|
| 51              |      |        |      |        |      |        |
| 52              |      |        |      |        |      |        |
| 53              |      |        |      |        |      |        |
| 54              |      |        |      |        |      |        |
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| 69              |      |        |      |        |      |        |
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| 72              |      |        |      |        |      |        |
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| 74              |      |        |      |        |      |        |
| 75              |      |        |      |        |      |        |
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| 81              |      |        |      |        |      |        |
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| 83              |      |        |      |        |      |        |
| 84              |      |        |      |        |      |        |
| 85              |      |        |      |        |      |        |
| 86              |      |        |      |        |      |        |
| 87              |      |        |      |        |      |        |
| 88              |      |        |      |        |      |        |
| 89              |      |        |      |        |      |        |
| 90              |      |        |      |        |      |        |
| 91              |      |        |      |        |      |        |
| 92              |      |        |      |        |      |        |
| 93              |      |        |      |        |      |        |
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| 95              |      |        |      |        |      |        |
| 96              |      |        |      |        |      |        |
| 97              |      |        |      |        |      |        |
| 98              |      |        |      |        |      |        |
| 99              |      |        |      |        |      |        |
| 100             |      |        |      |        |      |        |
| TOTAL D.D.      |      |        |      |        |      |        |
| TOTAL<br>D.E.P. |      |        |      |        |      |        |
| TOTAL<br>CLAIMS |      |        |      |        |      |        |